



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243**

2/6/2007

MEMORANDUM

TO: Residential Services Agencies
Day Service Agencies
Personal Assistance Agencies

FROM: Stephen H. Norris, Deputy Commissioner
Division of Mental Retardation Services

SUBJECT: ICAP Administration Plan

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Over the past several months, DMRS has completed an ICAP pilot designed to test and establish a "best practices" method for statewide ICAP assessment that assures the needs of all persons served are measured in a consistent, valid and reliable manner. DMRS appreciates the cooperation of the many agencies who participated in ICAP interviews since October as part of the pilot project. Much was learned from your participation and feedback.

Key changes developed through the pilot project are intended to strengthen the reliability of every ICAP to reflect an individual's needs while maintaining statewide continuity of administration and scoring. These changes include the refinement of specific scoring criteria for key ICAP items, third-party ICAP administration, intense training and close monitoring of assessors to insure fidelity to the best practices model, separate interviews conducted with more than one informant, an emphasis on gathering information from Direct Support Professionals about day to day functioning, and increased requirements for agency documentation of salient ICAP information.

DMRS issued an RFP to seek the best qualified vendor to conduct statewide ICAP assessments. Beginning February, the contractor, Dual Diagnosis Management (DDM), will begin formal application of DMRS best practice methods.

I would like to address the most commonly asked questions and concerns we have heard from agencies:

Q1) Several ICAPs for individuals at my agency are over 2 years old.

A1) A two year schedule for ICAP reevaluations was the original goal set by DMRS in 2004. DMRS temporarily set aside the original 2 year goal while conducting the ICAP "Best Practices" study. All original ICAPs remain in effect until new ICAPs are completed. ICAPs don't technically expire (some states use scores for up to 4 years). An updated 2 year rotation for completing ICAPs will be published by the second quarter of 2007.

To update the ICAP database and insure that all HCBS waiver funded individuals served by each agency are accurately accounted for in the 2 year ICAP rotation, we have enclosed a roster for each Residential, Day, PA, and ISC agency listing the individuals associated with each agency in the current ICAP database. It is mandatory that your agency review and update the roster.

ICAP Agency Roster review Instructions: The roster lists each individual shown in the ICAP database as receiving HCBS Waiver Services by your agency. Beside each name, checkboxes indicate the services your agency may provide. If your agency no longer provides a service checked, please circle that checked box and write "No" to the right of the box. If your agency provides a service not listed, please circle and check the box for that service. If an individual has died, indicate by circling and checking the appropriate box. If your agency no longer provides HCBS waiver serves to a listed individual, indicate by circling and checking the box in the last column entitled "No Res/Day/ISC".

If an individual for which you provide HCBS Waiver services is not listed, use the attached sheet to fill in their name, social, DOB, and indicate which services your agency provides.

Agency review and update must be completed and returned to DDM by March 15th. Corrected rosters must be returned by mail or fax to: DDM, c/o Terri Thompson, ICAP Project Agency Liaison, 227 French Landing Drive, Suite 250, Nashville, TN, 37228, Fax: 1-877-431-9568.

Q2) What if the information contained in the current ICAP does not accurately reflect a person's current functioning?

A2) There are two distinct issues for agencies to consider when a person's needs are not captured by an ICAP.

- 1) Information in the ICAP may not correspond with a person's actual functioning or abilities. This may happen if inaccurate or incomplete information is presented in the ICAP interview, or if a person's needs change dramatically due to altered medical or functional status.

In the uncommon event that vital information on the ICAP is substantively not accurate; an *ICAP Reassessment Request Form* can be completed and emailed to central office. The contact for these requests is: barbara.deberry@state.tn.us. With approval, ICAPs may be entirely re-administered or items may be rescored based on documentation of substantive change.

- 2) Information on the ICAP may be accurate, but the ICAP instrument itself was not sufficient to capture important elements of a person's unusual support needs. No standardized assessment instrument is able to anticipate or reflect every circumstance that may lead to increased service needs. DMRS is committed to insuring that appropriate services are provided for exceptional needs not able to be captured by the ICAP instrument. The Circle of Support is encouraged to request supports and services needed. DMRS is developing an *Exception Process* to review and make determinations regarding level of funding in circumstances when information on the ICAP is accurate yet not able to reflect a person's total support needs.

It is anticipated that a *Request for ICAP LON Exception Form* will be distributed to agencies in the first quarter. Information from the form along with supporting documentation will be reviewed by an Exception Review Committee. Determinations regarding LON changes will be made by the committee after review of documentation and descriptions of supports needed. It is expected that such exceptions will be infrequent occurrences.

While waiting for results from either the ICAP Reassessment request or ICAP LON Exception request, Regional/Central Offices may review an individual's support needs and approve a short term rate increase effective until the requested ICAP can be completed or an Exception is granted. However, the increased level of need must be validated by the resulting ICAP or through the exception process to be continued.

Q3) We used to receive a copy of the ICAP booklet along with a Summary Report, how and what will we receive now?

A3) You will be faxed a copy of the ICAP Summary Report. DDM has been asked to assist DMRS in designing a more user friendly, informative ICAP Summary document that will list key ICAP information, ICAP LON, as well as ICAP and LON history. Feedback from key stakeholders about the revised summary form is currently being gathered, the Revised Summary Form should be available by the end of February.

Because ICAP reports will now be delivered via fax, it is vital that each agency report to DDM the fax number your agency would like DDM to use for delivery of ICAP Summary Reports. A place to report and submit this information is included with agency roster lists. If your agency ICAP fax number changes, report this to: Terri Thompson, DDM Agency Liaison,

ICAP booklets and copies of supporting documents will be maintained by DDM. DDM will provide DMRS a copy of the original ICAP and supporting documents should a review of assessment information be necessary.

Q4) What responsibilities do agencies have in regard to the ICAP interview?

A4) Agencies are responsible to:

- 1) Appoint one or two people to act as ICAP liaisons. These will be a person to assist DDM with identifying and scheduling appropriate informants for ICAP assessments.
- 2) Assist DDM to contact and schedule at least 2 separate interviews with persons who have known the individual directly for at least 3 months.
- 2) Identify for one of the interviews a Direct Support Professional who knows the individual well.
- 3) Forward copies of required documents to the DDM assessor. These documents include a copy of the full DMRS cost plan summary, the individual's health passport, and/ or additional documents establishing an individual's formal diagnoses, functional abilities, and behavior as relevant.
- 4) Insure that the individual's personal record is available for review at the time of the interview.
- 5) Assist DDM in gathering guardian/ conservator contact information and with inviting guardians to have meaningful participation in the ICAP assessment if they so choose.
- 6) Inform DDM when HCBS Waiver served individuals are admitted or discharged into agency services.
- 7) Let DDM know of changes to either agency ICAP fax number or agency ICAP liaison name or contact numbers.

Q5) Will Regional Offices do ICAPs?

A5) Yes. Regional Offices will conduct ICAPs for all persons entering the HCBS waiver from the waiting list. These Intake ICAPs will be valid for 120 days post admission to Residential, Day, or PA services. When a waitlist individual's agency placement successfully reaches the 90 day mark, DDM must be informed. A "best practices" model ICAP conducted by DDM will be scheduled to be completed by the 120th day.

Q6) An individual we are about to serve does not yet have an ICAP completed, what do we do?

A6) Lack of an ICAP should not delay action toward seeking supports and services necessary for keeping a service recipient safe and healthy. In the instance that an ICAP has not yet been completed for a service recipient transitioning into your agency, DMRS Regional Offices will project the person's estimated initial LON and funding level based on available supporting documentation. A rate projection based on this process will be valid for up to 120 days post admission to an agency at which time a full ICAP must be completed by DDM.

Q7) How do I get a score report if we no longer have our copy, or if a person has transferred to our agency?

A7) Requests for past ICAP scores can be made of Regional Offices who will have access to all current and historical ICAP score information.

Q8) How do I find out more about the best practices ICAP process and procedures?

A8) Visit the ICAP training website at <http://www.dd-management.com/ICAPTraining> after February 28th for ICAP related announcements, downloadable request forms, and detailed information about the current DMRS ICAP best practices model.

Q9) Will DDM interview treating professionals (doctors, psychologists, psychiatrists) when relevant to a persons need? Will they consider behaviors or conditions that occurred prior to the past year or the past three months?

A9) DDM must interview persons with daily knowledge of the individual. However, DMRS recognizes that information from treating professionals is sometimes critical to understanding an individual's needs and abilities. In these instances, agencies should submit to the DDM assessor copies of written reports or summaries from the treating professional.

The ICAP is based on abilities and behavior that has occurred in the past three months. In some cases, high risk behaviors or extremely serious maladaptive behaviors have occurred more than three months ago. When this is the case, DMRS will gather and note this information. It is important to remember that not all past historical information will be reflected in ICAP scoring. For a more detailed information about scoring past behaviors, refer to the ICAP training web site after February 28th.

Q10) Can the ICAP determine LON 5 (Medical residential) or LON 6 (Behavioral)?

A10) No. The ICAP can not capture information needed to determine Levels of Need 5 or 6.

During the coming months Barbara DeBerry, State Director of Residential Services and Nancy Shanley, DDM, will be attending provider meetings throughout the state. They will be able to explain the new process to you and field your questions/concerns. Please plan to attend the meeting in your region. If you have a more immediate need for information you can contact Barbara DeBerry at 615-253-6888 or barbara.deberry@state.tn.us.

Again, DMRS appreciates the efforts and feedback we have received from agencies as Tennessee continues to move towards a fair, practical and equitable process of statewide assessment.

SHN/bsd

cc: Larry Latham
Joanna Damons
Central Office Directors
Regional Directors
ISC Agency Directors
DDM